

WIC Quarterly Report

Due 30 days past end of quarter (**Oct. 31st, Jan 31st, April 30th, July 31st**)

LA Name & Number:

Fiscal Year /Quarter:

Staff Name & Title:

Date:

- I. **Financial Performance** Please attach a copy of the **“WIC Monthly Expenditure Report”** for the period in question (quarter 1, September; quarter 2, December; quarter 3, March; and quarter 4, June).

The column headings are defined as follows:

WIC Monthly Expenditure Report: Contains a column labeled “% of Total Expended”. This column shows the amount you have spent to-date for each line item as a percentage of the budget.

Target “% of Total Expended” for each quarter: 25% first quarter; 50% second quarter; 75% third quarter and 100% fourth quarter.

Your Actual “% of Total Expended” Expenditures: May vary from the target %. If your actual percentages differ from the target percentages as listed above, by 5% or more, please describe any factors contributing to those under- or over- expenditures for each category (in the table below).

FTE Category	FTE's Approved	Factors contributing to a 5% or more under- or over-expenditure rate
Coordinator / Program Manager / Asst. Mgr		
Degree CPA*		
Non-degree CPA, who has passed the AK WIC CPA certification exam		
Clerical / Reception / Office Manager Staff		
Other Staff (Executive Director, bookkeepers, etc.)		

* Degreed or licensed staff such as RD, RN, IBCLC, Health Educators, Home Economist. List is not inclusive.

Budget Line	Factors contributing to a 5% or more under- or over-expenditure rate
Travel	
Facility expense	
Supplies	
Equipment	
Other	

For each budget line in the table above, please describe any factors contributing to a 5% or more under- or over-expenditure rate

II. Caseload

Monthly Performance Standard for Clinic: _____ (filled in by state agency)

Average monthly caseload for current quarter: _____

If caseload is below performance standard, please explain your plan for meeting standard.

III. Village Travel

No Village Travel is required for this local agency_____

The number of villages served by local agency.	Filled in by state agency.
The target number of visits to be made this year.	
The number of villages visited this quarter. List dates of travel.	
List approximate number of total clients currently enrolled on WIC in the villages visited this quarter.	

CPA's in Training:

CPA Graduates:

Progress on CPA training status:

V. Nutrition Education Plan:

Please check all types of nutrition education & coordination of services that your clinic used this quarter.

Type	Check Box
Breastfeeding Promotion- special events or activities	
Class / Workshop	
Community Referrals- coordination of service activities	
Individual Nutrition Sessions	
In-services / Staff Trainings / Continuing Education Events	
Interactive Display / Bulletin Board / Display Case	
Internet computer education	
Lending Libraries	
Mail Out	
Motivational Techniques	
Other (Describe briefly below)	
Outreach Activities	
Pamphlets / Brochures / Newsletters	
Partnerships / Collaborations	
Story Time	
Vendor Activities	

Which types were successful? What topics did you focus on? Describe any special events or activities held.

VI. **If you did a client Survey this quarter please attach the summary to this report.**